

Diet in CARITAL letters using black ink. Leave lines blank that do not apply

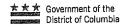
Print in Capital letters using black link. Leave lines blank that do not apply.		OFFICIAL LISE ONLY	
Personal information Fill in if: Filing an amended return. See page 15. Fill in if: Filing for a deceased taxpayer So	page 3.	OFFICIAL USE ONLY Vendor ID#1234	
Your social security number (SSN) Fill In Filling for a deceased taxpayer Sc Spouse's/registered domestic partner's SSN	dii Muraista, Turastii in Res	elephone number	
Fill in if: Filing for a deceased taxpayer St. Your social security number (SSN) Spouse's/registered domestic partner's SSN 400007325 Your first name COMPUTER Spouse's/registered domestic partner's first name INTEGRATED Home address (number, street and apartment number if applicable) 941 NORTH CAPITOL STREET NE City MASHINGTON	in a your dayline a		
Your first name M.I. Last name			
COMPUTER SOFTWARE		-	
Spouse's/registered domestic partner's first name M.I. Last name			
INTEGRATED TAX-SYSTEM			
Home address (number, street and apartment number if applicable)			
941 NORTH CAPITOL STREET NE			
	edeniquentiación en entre el electronido		
City	State Z	ip Code +4	
WASHINGTON	DC 2	20002	
All control of the second of t			
Filing status Single, Married filing jointly, Married filing			
1 Fill in only one: Married filing separately on same return Enter combine			
Registered domestic partners filing jointly or filing			
Head of household Enter qualifying dependent and/or r			70
2 Fill in if you are: Part-year resident in DC from (month) to		The part of the second	
© Complete your federal return first — Enter your depend Income Information Round cents to	ents' Informatior nearest dollar. If zero	1 ON DU Schedule 5 ● p, <u>leave the line blank</u>	
a Wages, salaries, unemployment compensation and/or tips, a	ila kina balik ahabiya Chambaba maa ah ha ta Sanaa	00	
see instructions, page 19. b. Ducing of income or loss see instructions have 19. Fill in if loss \(\text{D} \)	t de de la la la companya de la comp	00	
b Business income or loss, see instructions, page 19. Fill in if loss b		26402 00	
C Capital gain (or loss). C Fill in if loss C	and a second		
Part-year resident in DC from (month) to Complete your federal return first — Enter your dependence income Information Round cents to Wages, salaries, unemployment compensation and/or tips, a see instructions, page 19. D Business income or loss, see instructions, page 19. Fill in if loss ☐ C C Capital gain (or loss). G Rental real estate, royalties, partnerships, etc. Fill in if loss ☐ C	elerikingingingingingingin	21964 ⁰⁰	
	in if loss () 3	47551	0.0
1040EZ, Line 4; 1040NR, Line 36 plus Sch NEC, Line 13; 1040NR-EZ, Line 10			
Additions to DC Income			00
4 Franchise tax deducted on federal forms, see instructions.	4	CONTRACTOR CONTRACTOR OF THE C	00
5 Other additions from DC Schedule I, Calculation A, Line 8.	5		.00
	in if loss 6	47551	-00
Subtractions from DC Income			
	e, see og 20. 7	-23605	; 00
7 Part year residents, enter income received during period of nonresidence			-11111111111111111111111111111111111111
8 Taxable refunds, credits or offsets of state and local income tax.	8	600	
9 Taxable amount of social security and tier 1 railroad retirement	. 9	del (j. 1875) 18 july - Harry Gregory (france france france france france france france france france france fra 1885) 18 july - Harry Gregory (france france fra	00
Forms 1040, Line 20b or 1040A, Line 14b. 10 Income reported and taxed this year on a DC franchise or fiduciary return	m. 10	733 50 50 70	00
			00
11 DC and federal government pension and annuity <u>limited</u> exclusion, see particles of the property of the pro			
12 DC and federal government survivor benefits, see page 20.	12	ANNIMATERAL PROPERTY OF THE PR	00
Dool Late Lo-led Have Billion 16	13 -	ingeneral value (1990) en	00
	14.	-23005	••;
14 Total subtractions from DC income, <i>Lines 7-13.</i>		70556	
15 DC adjusted gross income, Line 6 minus Line 14.	l in if loss 15%	70000	UU
Revised 09/2011 2011 D-40 P1	e, come mechanismo no minima nativo de espera	er floring tit in 100 million for known tit in men vidensken med for dat floring for the first tit in 100 million in 100 milli	a

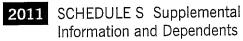


Individual Income Tax Return page 1

Enter your last name. SOFTWARE

Enter y	our SSN. 400007325					
16 D	Deduction type. Take the same type as you took on yo					
17 C	Standard or Itemized See page 20 of deduction amount. Do not copy from federal ret	· 精、 () 建氯化物 医二氯化物		17	50000	00
17a	RESERVED	.00				
18 N	Number of exemptions. If more than 1 (more than	2 if filing jointly), or if you	oryour 18 5			
	pouse/domestic partner are over 65 or blind, attach a Exemption amount. Multiply \$1,675 by number on I			19	8375	00
	Add Lines 17 and 19.			20	58375	
.T.(1944	OC taxable income. Subtract Line 20 from Line 15.	Enter result			12181	
rus i tari	可遇。 () 自由文学 開門 () 自由建筑 () () () () () ()		Fill in if loss	21		00
	x, credits and payments ax. If Line 21 is \$100,000 or less, use tax tables on pa	iges 47-56. If more use C	alculation page 20.	22	531	00
	ill in if filing separately on same return. <i>C</i>					
23 C	redit for child and dependent care expenses		.00 X .32 Enter result >	23	ing parity to the temporal measurement of the first statement of the	00
	om Line 9 of fed. Form 2441; from Line 5, DC Form D-24 Non-refundable credits from DC Schedule U, F			24	1 57	00
. 275	OC Low Income Credit. See table on page 11. Take			25	ig i vedig e anemanning digina un nomen ng manamanana (17) manaman na militakan ini na militaka i na manamana	.00
a foliar are	nter the number of exemptions claimed on yo	mark allera di Palara altri um garami	25a			
) autobil	otal non-refundable credits. Add Lines 23, 24 an			26	157	00
	otal tax. Subtract Line 26 from Line 22. If Line 22 is		ne 27 blank.	27	374	00
77.63 244.4	OC Earned Income Tax Credit. Enter your feder	Mint that the second second	,00 X ,40 Enter result >	28		00
. 57467546 1	nter the number of qualified EITC children	 All the latest the latest and the latest t	28a			
	Property Tax Credit. From your DC Schedule H; attac			29		00
Hair Die.	Refundable credits from DC Schedule U, Part		dule U.	30		00
	OC income tax withheld shown on Forms W-2 and			31	•	00
	2011 estimated income tax payments.			32	907	00
	ax paid with extension of time to file or with o	original return if this i	s an amended return.	33		-00
	otal payments and refundable credits Add Line			34	907	00
r John John	Nd — Complete if Line 34 is more than Line 27		Amount owed - Complete	if Line 34 is <u>equal to</u>	or less than Line 27	
	mount you overpaid 35	533 00	41 Tax due	41		.00
	t Line 27-from Line 34		Subtract Line 34 from Line 27			00
	mount to be applied 36	00	42 Contribution amount from Sched. U, Part II, Line 7	42		UU
	2012 estimated tax	OO.				
	enalty See Instructions 37	00	43a Penalty	00		
	tund Subtract sum of 38 6 and 37 from Line 35	00	43b Interest	.00		
	ntribution amount 39	.00	Enter total P &	% <i>I</i> 43	and against the one of weath about and humans for more functions.	00
Can not e	hed. U, Part II, Line 6 exceed refund amt. on Line 38		44 Total amount due	44	i przed pody konstrenty so o odminaczne o okreweczne o ko	00
4. H.E.	lional amt. on Line 42	533 00	Add Lines 41–43			
	st refund 40 t Line 39 from Line 38	533 00				14. Juli
	Will the refund you requested go to an accou			ee page 8.		
Direct	Deposit. To have your refund deposited to your checkli	A A CONTRACTOR OF THE PARTY OF	ccount, fill in oval and enter bank	routing and account r	umbers. See page 7.	
	Routing Number		count Number			
Third	party designee To authorize another person to discuss	this return with OTR, fill in		nd phone number of th	at person. See instructions, page	8.
Designe	e's name		Phone humber			
Signat	ture Under penalties of law, I declare that I have examined th	is return and, to the best of n	ny knowledge, it is correct. Declaration Paid preparer's signature	of paid preparer is base	ed on information available to the pr Date	eparer.
You	ır signature	Date Date	i ain hichard a signature			taria Saria
Spc	ouse's/domestic partner's signature if filing jointly or separately or	n same return Date	Paid preparer's PTIN	Pa	id preparer's phone number	VA DERINA
<u> </u>	tion of the state	0011 5 40 50				Œ
	·	2011 D-40 P2 Individual Income Tax Re	turn page 2 File order 2			





Unless instructed otherwise -If you fill in <u>any part</u> of this schedule, attach it to your D-40. Print in CAPITAL letters using black ink.

OFFICIAL USE ONLY Vendor ID#1234

Enter your last name. SOFTWARE	Enter your social security numbe	400007325	
Dependents If you have more than 8 dependents.	list them on an attachment.		
First name	M.I. Last Name		
		Date of Birth (MMDDYYYY)	
Social security number Relation	ship	Date of Pirth (MMDD1111)	
	M.I.: Last Name		
First name			
Social security number Relation	nship	Date of Birth (MMDDYYYY)	
First name	M.I. Last Name		
Social security number Relation	ship	Date of Birth (MMDDYYYY)	
For exhibiting system, and appropriate to a second state of the se			
First name	M.I.: Last Name		
Social security number Relation	Schlowing Co.	Date of Birth (MMDDYYYY)	
Social security number Relation			
First name	M.I., Last Name		
Social security number Relation	nship	Date of Birth (MMDDYYYY)	
	M.I. Last Name		
First name		(a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
Social security number Relation	nship	Date of Birth (MMDDYYYY)	
First name	M.I. Last Name		
Social security number Relation	nship	Date of Birth (MMDDYYYY)	
First name	M.I. Last Name		
Andrew Company of the		Date of Birth (MMDDYYYY)	
Social security number Relation	ionių.		
	Popular Descar Data of Pirth of qualifying nor	n-dependent person (MMDDYYYY)	
Head of household filers SSN of qualifying non-de Do not enter your information	pendent person Date of Sittle of Qualifying not	· obs.gam	
First name of qualifying non-dependent person	M.I. Last Name		
The second secon	200 200 200 200 200 200 200 200 200 200		
Revised 09/2011	antini 🤲 , i i jeni alemanini i politino propini namana propinina i a colori i premi		

400007325

Last name and SSN SOFTWARE	40007325	
Calculation G. Number of exemptions. Do not attach Schedule S to your D-40 if you only filled a Enter 1 for yourself and	in Lines a, f and i and have not filled in any other section of Schedule S.	ā
b Enter 1 if you are filing as a head of household	and	b
c Enter 1 if you are age 65 or over and		C
d Enter 1 if you are blind		d
e Enter number of dependents		e
f Enter 1 for your spouse or registered domestic p	partner if filing jointly or filing separately on same return	f
g Enter 1 if you are married filing jointly or marrie	d filing separately on same return and your spouse/partner is 65 or over	g
h Enter 1 if you are married filing jointly or marrie	d filing separately on same return and your spouse/partner is blind	h
i Total number of exemptions Add Lines a-h, enter	here and on D-40, Line 18.	

Enter separate amounts in each column. Combine amounts on line k.		You Your spouse,	domestic partner
a Federal adjusted gross income. If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.	a	00	00
b Total additions to federal adjusted gross income. Enter each person's portion of additions entered on D-40, Lines 4 and 5.	b i	00	0)
C. Add Lines a and b.	C	00	(O)
d Total subtractions from federal adjusted gross income. Enter each person's portion of subtractions entered on D-40, Line 14.	d	00	O(
e DC adjusted gross income. Subtract Line d from Line c.	le.	00	00
f Deduction amount: Enter each person's portion of the amount entered on D-40, Line 17: (You may allocate this amount as you wish.)	f	00	Ö
g Exemption amount. Enter each person's portion of exemption amount entered on D-40, Line 19	g :::),	00	0(
h Add Lines f and g.	h	00	
Taxable income. Subtract Line h from Line e. FilLin if loss	1i .	00	0(
Tax. If Line i is \$100,000 or less, use tax tables on pages 47-56. If more than \$100,000, use Calculation I, page 20.			
k Add the amounts on Line j, enter here and on D-40, Line 22.		K	○○ Total tax

2011 SCHEDULE S P2

Supplemental Information and Dependents



* * *	Government of the
RESIDENCE AND ADDRESS OF THE PERSON OF THE P	District of Columbia
	District of Columbia

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4		7	ı
			æ

SCHEDULE H Homeowner and Renter Property Tax Credit

2011 SCHEDULE H	1 Pl			(
10 Enter information from your real property tax bill or assessment. If a section of Square number Suffix number	Lot number			
9 Property tax credit Use the worksheet on page 35.10 Enter information from your real property tax bill or assessment. If a sect	los le black on vour con		lank here	
8 DC real property tax paid by you on the property in 2011.		9		00
7 Total household gross income. From Line w on page 3. If over \$20,00	00, do not claim this credi	an (<u>1</u> 471). (1		00
Section B Credit claim based on real property tax paid		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	is zero, <u>leave the line blank</u> .	00
			o the nearest dollar.	
City	State	Zip Code +4		
	Landlord's telephone nur	nber		1
Landlord's address (number and street)				
			Apartment number	
6 Landlord's name				
5 Property tax credit. Subtract Line 4 from Line 3, D-40 filers enter here and on		5		00
3 Property tax credit. Use the worksheet on page 35.4 Rent supplements received in 2011 by you or your landlord on y	our behalf:	4.	enni en municipalista en	00
If 15% of the rent paid amount is more than the line 1 amount do n	ot claim the credit.	2		00
2 Rent paid on the property in 2011.	00 x 15	The state of the s	K Telephonographs - 18 hausene gesen Stellandere ophal Stelland annahmen Stellandere (1944 Stellandere (1944)	00
Do not claim this credit for a property owned by a government, a hou a non-profit organization. Section A. Credit claim based on rent paid 1 Total household gross income. From Line w on page 3. If over \$20,000		If the amoun	to the nearest dollar. r is zero, <u>leave the line blank</u> .	00
◆ Complete Section A or Section B, whichever applies. ◆				
Type of property for which you are claiming the credit. Fill in only one:	Apartment	: Rooming house		
Address of DC property (number, sueet and apartment) to wind the state of the state		enter ches in the control of the con	et announce and an organic Color to the first the second Color to	
Address of DC property (number, street and apartment) for which you are claiming the	e credit if different from abo	ve		
City	State	Zip Code +4		
	orangangan, kompo paryanananan	eta, Mara eta sarrarrarrarrarrarrarrarrarrarrarrarrarr		
Mailing address (number, street and apartment)				
Spouse's/registered domestic partner's first name M.I. Last name				
Spouse's/registered domestic partner's SSN Fill in if spouse/registered do	omestic partier is:	62 of older	SIMO O GISADICO	
Tout itst name			Dlind or disabled	
2012年7月2日 - 1912年 - 1	r daytime telephone numl	oer		
Personal information Your social security number (SSN) Fill in if you are: 62 c	or olderBlind or	disabled		
Print in CAPITAL letters using black ink.	UFFICI	AL USE ONLY Vendo	11 1D#1234	 12.55

Homeowner and Renter Property Tax Credit

2011_D-40_D-40EZ.for FILL-IN 09212011.indd 31

Revised 09/2011

Last name and SSN SOFTWARE

400007325

If you are blind or disabled, you must have this certificate com	pleted to claim the i	Property Tax Credit. Fi	le it with your Schedule H.		
Physician's certification of blindness or disability.					
If a physician's certification of blindness or disability has bee are not needed.	n submitted previou	isly and the claimant	's condition is unchanged, a	additional certifications	
Claimant's first name	M.I. Last i	name			
Claimant's social security number					
I certify that the above-named claimant (fill in all that a	pply):				
has a physical or mental impairment that is expected t	o last continuously	for 12 months or mo	re;		
was physically or mentally impaired on January 1, 20.					
Physician's first name		name			
				Suite number	
Physician's address (number and street)		ener, areterenten, retenantar 16		m og til Associational de la	
		State	Zip Code +4:		
City			,		
	Date:		sedLicense_N	umber	
Physician's signature	246			FOLAT CONTROL SUM SENSON CONTROL CONTR	
Definitions					
Blind: Central visual acuity that does not exceed 20/200 in the with correcting lenses, or visual acuity that is greater the but is accompanied by a limitation in the field of vision the widest diameter of the visual field subtends an angle than 20 degrees.	an 20/200, n such that				
Disabled Unable to engage in any gainful activity due to a medicall able physical or mental impairment which can be experted for 12 months or more.	y determin- cted to last				
Signature Under penalties of law, I declare that I have exam Declaration of paid preparer is based on the infor	nined this return and, to mation available to the	o the best of my knowle preparer.	gge, it is true and correct.		
Your signature Date		preparer's signature		Date	
TOUL SIGNATURE		e tambi in nethaga i Tradicialisti se	Paud Propagaro, PLS Cadariagaanae, Perfebbra	maken series commented to the series of the	
	Paid preparer's Fed	leral ID, SSN or PTIN	Paid preparer's telepho	ne number	
				erangalang g _a ar berebarang mentil 2014	mario Z
				han dibibih dibibi di dibibih di 1909 Palili. Tangan	5,000

2011 SCHEDULE H P2

Homeowner and Renter Property Tax Credit



Last name and SSN SOFTWARE

400007325

	文 - 多才 問題可 () 中山 J - () 中华的的情報		. The same of the	!	act to DC tax
Total Household Gross	Income - Report the total inc	ome of every member of	vour nousenoia, incluai	ng income not subj	ect to DC tax.
iotal Household Gloss	Thousand Treport the total me		Andrew Commencer (1986) that the	el Tjarfiya ya kufuta mba bi jir	机压缩检验 医自动动物 無關 电抗
7	de gifts from nongovernmental s	fand atompo or f	and and other relief in-	rind supplied by a s	invernmental agency.
This income does not includ	de pitts trom nongovernmentai s	sources, 1000 stattips of t	oou ariu ourer rener in-i	und supplied by a s	cotoniniona. agone,

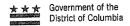
	You	Your spouse/dom. partner	Other household members
	\$	\$	\$
Wages, salaries, tips, bonuses, commissions, fees and any compensation for personal services.	a		on the graph agos all the state of the state
D Dividends and interest.	Б.	E CONTROL E SAMEN SAMENTA DE SAME	
C Lottery winnings,	C	to the state and a superior complete the control of the state of the s	
d Trade or business income (or loss).	d		
e Taxable and nontaxable pensions and annuities.	e		
f Capital gain (or loss).	######################################		A STATE OF THE STA
g Alimony received.		The second secon	A ALEX AND ENGINEERING TO A STATE OF THE STA
h Net rental and royalty income,	h	7 4 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ini Pangganggangganggan ay
i Social security and/or railroad retirement.		200	Anna Anna Anna Anna Anna Anna Anna Anna
j Unemployment insurance and workers' compensation.	1356 Told 13 State Communication of the C		
k Support money and public assistance grants.	6		Proposition of the second seco
I Interest on U.S. obligations.			
m Disability income exclusion (from DC Form D-2440, Line 10).			
n Nontaxable portion of military compensation.	en e		
O Fellowship and scholarship awards and grants.	2.0		
p Life insurance proceeds.	Pilling and the second		
q Veteran's pension and disability payments.	: q :		The second section of the second second second section sections of the second s
r GI Bill benefits.			To the state of th
S Income subject to unincorporated business franchise tax.	S		AND CONTROL OF SERVICE PROGRAMMENT OF CONTROL OF SERVICE SERVICES.
t Cash distributions from a business or investment.	4.3		
u Other.	U		
V Total gross income. Add Lines a-u for each column.	V		
w Total household gross income. Add amounts entered on Line v.	W		
enter here and on Section A, Line 1 or Section B, Line 7.			

List names and social security numbers of other household members. If more than four, list on a separate sheet of paper and attach with this form.

#1			 	
″ ÷ -				
#2.			 	
#3			 	
				-
<i>!! A</i>				-

2011 SCHEDULE H WORKSHEET P3 Homeowner and Renter Property Tax Credit

Revised 09/2011



2011

SCHEDULE U Additional Miscellaneous Credits and Contributions

Important: Print in CAPITAL letters using black ink. Attach to D-40. **NOTE:** Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).

OFFICIAL USE ONLY
Vendor ID#1234

Enter your last name Social		Social Security Number	
SOFTWARE		400007325	
Part I Credits a. Nonrefundable Credits			
Dependents cannot cla			00
2 Enter state income to	ax credit. List additional states on a separate sheet, attach i (Enter total of <u>all</u> state tax credits on Line 3 below	it to this Schedule. /.)	
State (a)	00 (ы	00	
State (c)	.00 (d)	00	
.3 Total of Line 2 state Enter amount.	tax credits and any additional tax credits from the attac	hments.	.00
4.	ESERVED - COLUMN TO THE COLUMN	4	00
5	SEKERVED 1 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	5	7. pr
6 Total your nonrefund	able credits, enter here and on Form D-40, Line 24.	6	00
b. Refundable Credits			
1 DC Non-custodial pa	rent EITC (see Schedule N).		00
2		2	00
3		3.	00
4 Total your refundable	e credits, enter here and on Form D-40, Line 30.	4 (5)	00
Part II Contributions (The min	nimum contribution is \$1,00.)		
1 DC Statehood Deleg	ation Fund.	1 250	00
2 Public Fund for Drug	g Prevention and Children at Risk.	2 3	00
3 Anacostia River Cle	anup and Protection Fund.	3 3	00
4	FREW A FEW A	4	00
5	FESERVED TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TH	5	.00
6 If due a refund, total	your contribution(s), enter here and on Form D-40, Line 3	9. 6	00
7 If you owe tax, total	your contribution(s), enter here and on Form D-40, Lin	e 42. 7	ÖÖ

If you are not due a refund and do not owe additional tax, total your contribution(s) and enter on Form D-40, Line 42.

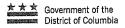
If you owe tax, make the payment plus any contribution(s), payable to the DC Treasurer and mail it with your return. Attach this schedule to your D-40 Return.

2011 SCHEDULE U

Additional Miscellaneous Credits and Contributions

3





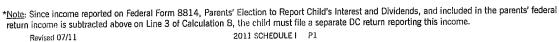
2011

SCHEDULE I Additions to and Subtractions from Federal Adjusted Gross Income



Make entries using black ink. Attach to your D-40.

Last name Social Security Number		official use only Vendor ID#0000		
Cal	culation A Additions to federal adjusted gross income. Fill in only those that apply.	Dollars	only, do not enter cents	
	Part-year DC resident — enter the portion of adjustments (from Line 36, Form 1040; Line 20, Form 1040A; or Line 34, 1040NR) that relate to the time you <u>resided outside</u> DC. For Lines 2 – 7 below include only the amounts related to the time you <u>resided in DC.</u>	1.3	00	
2	Income distributions eligible for income averaging on your federal tax return from federal Form 4972, Lines 6 and 8 Add Lines 6 and 8 and enter here.	2	00	
::	30% or 50% federal bonus depreciation and/or extra IRC \$179 expenses claimed on federal return	3	00	
4	Any part of a discrimination award subject to income averaging.	4	00	
5	Deductions for S Corporations from Schedule K-I, Form 1120 S.	5	00	
	Other (see instructions on other side).	6-2	.00	
7		7.5	00	
8	Total additions: Add entries on Lines 1– 7. Enter the total here and on D-40, Line 5.	- 85	00	
	culation B Subtractions from federal adjusted gross income. Fill in only those that apply.			
1	Taxable interest from US Treasury bonds and other obligations. See instructions on other side:	1	00	
2	Disability income exclusion from DC Form D-2440; Line 10. See instructions on other side.	2 :::	00	
3	Interest and dividend income of a child from federal Form 8814*.	3		
4	Awards, other than front and back pay, received due to unlawful employment discrimination.	4		
5	Excess of DC allowable depreciation over federal allowable depreciation. See instructions.	-5	00	
LANCE CO.	Long-term care insurance premiums paid in 2011, \$500 annual limit per person.	6	00	
110000	Amount paid (or carried over) to DC College Savings plan in 2011 (maximum \$4,000 per person, \$8,000 for joint filers if each is an account owner). Part-year residents see instructions.	7	OC	
.8	Exclusion of up to \$10,000 for DC residents (certified by the Social Security Adm. as disabled) with adjusted annual household income of less than \$100,000. See instructions.	8	OO OO	
9	Expenditures by DC teachers for necessary classroom teaching materials, \$500 annual limit per person. See instructions on other side.	9	00	
10	Expenditures by DC teachers for certain tuition and fees, \$1500 annual limit per person. See instructions on other side.	10	00	
11	Loan repayment awards received by health-care professionals from DC government. See instructions on other side.	11	. 00	
12	Health-care insurance premiums paid by an employer for an employee's registered domestic partner or same sex spouse. Make no entry if the premium was deducted on your federal return, see instructions on other side.	12 5	00	
13	DC Poverty Lawyer Loan Assistance. See instructions on other side.	13	00	
14	Other: See instructions on other side.	14:::	00	
15	Military Spouse Residency Relief Act. See instructions on other side.	15	00	
16	Total subtractions. Add entries on Lines 1–15. Enter the total here and on D-40, Line 13.	16	00	







Important: Print in CAPITAL letters using black ink.

Attach to Schedule U. File Schedules N and U with your D-40.

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First name of non-custodial parent	M.I. Last name		
Address (number, street and apartment)			
City	State Z	ip Code + 4	
in in the second	of birth (MMDDYYYY)		
Social Security Number Date	O DITIAN TO THE STATE OF THE ST		
Even if you are not eligible to claim the Federal Earne			
DC Non-Custodial Parent EITC Eligibility – Please con You may claim the DC Non-Custodial Parent EITC only	nplete this checklist to determine y y if you can answer " <u>Yes</u> " to the fo	our eligibility to file Schedule Nowing questions.	
		YES	NO NO
L Is your Federal Adjusted Gross Income for 2011 les	s than:		NO Incress
\$35,535 (\$40,545 if married or registered dome \$40,363 (\$45,373 if married or registered dome			
\$40,363 (\$49,373 if married of registered dome qualifying children?			
2 Were you a DC resident taxpayer during the year?			
3 Were you between the ages of 18 and 30 as of Dec	ember 31, 2011?		
4 Are you a parent of a minor child(ren) with whom y	ou do not reside?		
5 Are you under a court order requiring you to make o	hild support payments?		
6 Was the effective date of the child support payment	order on or before 6/30/2011?		
7 Did you make child support payment(s) through a g	overnment sponsored support colle	ction unit?	
8 Did you pay all of the court ordered child support d	ue for 2011 by December 31, 201	1?	
If you answered "Yes" to the above questions, you may Complete Schedule N and attach it, and Schedule U, t	y claim the DC Non-Custodial Parer to your D-40.	nt EITG.	

Revised 09/2011

2011 SCHEDULE N P1 DC Non-Custodiai Parent EITC Claim



Qua	alifying Child Inform	ation First Name	N	1.I. Last Name	
1.	Child's name, #1		Military and the companion of the control of the co		
	Child's name, #2	The second secon			
	Child's name, #3	THE STATE OF THE S	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	744	
If yo	ou have more than t		u only need to list three to get		40
2.	Child's SSN	#1			#3
3.	Child's date of birtl	#1	#		
4.	Custodian's name	First Name		M.I. Last Name	
5.	' Custodian's addres	Number, street and ap- s : City		State Zip Code + 4	
6.	Custodian's SSN				
7.	Location of the court that ordered support payments	#1 for: #2		#3	
8.	Case or Docket nur	nber for:	9. Name (of government agency to whic	ch you make payments for:
	#1		#2		
	#3		#3		
10.	Address of the government agency for:	#1 #2			
		#3			
11.	Amount of court ordered	#1 \$	00 per month	#3 \$ 00	per month
	payment	#2 \$	00 per month		
12.	Date payments wer ordered to start	e #1 (MMDDYY	YY) #2 (N	(MDDYYYY)	#3 (MMDDYYYY)
10	Total payments ma	de during 2011 \$	#1.	#2 00 \$	#3 00

14. Computation: Using the amount on Line 3 of Form D-40, find the correct Earned Income Credit (EIC) amount from the EIC table in the Federal 1040 tax return booklet. Multiply that amount by .40 to determine the DC Non-Custodial Parent EITC amount to claim on Schedule U, Part 1b, Line 1. If you are a part-year filer see page 18 of the D-40 booklet for instructions on prorating the credit to be claimed.

Revised 9/2011

2011 SCHEDULE N P2

DC Non-Custodial Parent EITC Claim